

Ashland Parks & Recreation Programs

Mandatory Summer Camp Orientation: June 27th, 2009 / 10:00 a.m. (Ashland School Gym)
This is required in order to attend camp!

What Activities are you signing up for? Summer Camp 2009 Season Days _____ (one card per child per session)

Child's Name: _____ DOB: _____ Age: _____

Grade Entering in Fall: _____ Sex: M / F Shirt Size: _____

Mailing Address: _____ Town: _____ Zip: _____

Emergency Information

Legal Guardian's Name: _____ Day Phone: _____ Home Phone: _____

Mother's Name: _____ Cell Phone: _____ Home Phone: _____

Father's Name: _____ Cell Phone: _____ Home Phone: _____

Doctor's Name: _____ Phone: _____

If unable to reach parents, please contact: _____ Phone: _____

Medications: _____

Allergies (include food): _____

Any other information that may help us better meet your child's needs: _____

Please read and sign ➔

Ashland Parks & Recreation Programs

PO Box 517 Ashland, NH 03217 (603) 968-9209 / ashland-park-rec@excite.com

Release of All Claims

In consideration of the permission granted for the named participant to take part in the named Ashland Parks & Recreation Program, I hereby release myself and my heirs, the Ashland Parks & Recreation, its agents, employees, volunteers and other program participants, from all actions, damages and claims that may result in personal injuries and/or property damages.

I recognize there may be inherent dangers in participating in Ashland Parks & Recreation activities, which may present a strain on the body, and its parts, and furthermore, I represent to the best of my knowledge the participant is in proper physical condition to allow participation. I therefore assume all risk associated with participation in said program.

I understand that in case of injury or illness, Ashland Parks & Recreation will attempt to contact the legal guardian named or the “emergency contact” named. In the event of a medical emergency, I consent to the participant’s treatment by a medical doctor and I agree to pay all costs associated with said treatment, including transportation to the medical facility.

I, the undersigned, have read this release and understand all its terms and implications and I hereby execute this release of my own free will and with full knowledge of its significance.

(Signature of Legal Guardian)

(Date)

For Office Use Only: Session: _____ Amount Paid: _____ FRL Y / N